



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

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| Name of designated centre: | Glencorry |
| Name of provider: | St Michael's House |
| Address of centre: | Dublin 9 |
| Type of inspection: | Short Notice Announced |
| Date of inspection: | 05 May 2021 |
| Centre ID: | OSV-0002383 |
| Fieldwork ID: | MON-0032362 |

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Glencorry is a designated centre operated by St. Michael's House. It is located in a campus based service for persons with intellectual disabilities located in North Dublin. The centre comprises of one large building and provides full-time residential services to six persons with varying degrees of intellectual disability. The building consists of six resident bedrooms, a large living room, a large dining room, a kitchen and separate pantry space, a staff office, a staff room, a bathroom, a separate shower room, a utility room, and a large entrance hallway. There is an outdoor patio space to the front of the centre with an area for outdoor dining, a seating area, raised planting beds and a water feature. Residents are supported by a person in charge, a clinical nurse manager, staff nurses, social care workers, care workers, a cook, and a household worker.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 7 |
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

| Date | Times of Inspection | Inspector | Role |
|----------------------|----------------------|---------------|---------|
| Wednesday 5 May 2021 | 09:30hrs to 17:00hrs | Amy McGrath | Lead |
| Wednesday 5 May 2021 | 09:30hrs to 17:00hrs | Micheal Kelly | Support |

What residents told us and what inspectors observed

In order to adhere to public health guidance, the inspectors carried out a review of documents in an administration building located in close proximity to the centre. The inspectors visited the centre later in the inspection, carried out a walk around of the premises and met residents. Inspectors did not spend extended periods of time with residents, and had the opportunity to observe residents in their home for a limited period. The inspectors used these observations in addition to a review of documentation and conversations with key staff to form judgments on the residents' quality of life. Overall the inspectors found that residents received good quality and person centred care and support.

At the time of the inspection, there were seven residents registered as living in the centre, although the centre was registered to accommodate six. One resident was temporarily absent from the centre and as such on the day of inspection each resident had access to a private bedroom.

Residents were observed in the centre at dinner time. Some residents were relaxing in the living area and others were in the dining room listening to music and dancing while waiting for dinner. One resident was seen to be participating in administering their own medicines. Residents each greeted the inspectors and appeared to be comfortable and relaxed in their home.

A review of records found that residents were central to the development of their plans and were supported to make decisions about their care. Residents were supported to develop their skills and abilities and participate in the running of the centre in accordance with their preferences.

There were sufficient staff available to meet residents' needs and nursing care was available in line with individual assessed needs. The inspector noted that workforce planning facilitated flexibility and that scheduling reflected residents' emerging needs. Staff interactions with residents were observed to be warm and friendly. Residents were observed to be smiling and laughing when speaking with staff.

The inspectors spoke to one resident who briefly discussed their admission to the centre and told the inspector that they were happy to live there.

The premises was located in a campus based setting. It was observed to be in a good state of repair both externally and internally. The interior was clean and tidy, and residents' bedrooms were personalised and decorated in accordance with their likes and wishes. There was adequate communal space, with a large living area, separate large dining area and music room. The centre was observed to be equipped with assistive devices and equipment in order to promote access to all residents. Residents had access to a modest size garden.

As mentioned previously, the centre had seven residents on their directory of

residents, which was in excess of the numbers they were registered for. While this appeared to have minimal impact to the experience of residents in the centre due to one resident being accommodated in hospital, it constituted a breach of their conditions of registration. This resulted in the provider being called to a meeting in order to receive a verbal warning, and contributed to non-compliance in the areas of governance and management, and admissions.

There were arrangements in place in the centre to protect residents from fire safety risks, including regular risk assessment. Residents participated in fire evacuation drills. There were individualised evacuation plans in place that reflected residents specific support needs and abilities. While these were found to give comprehensive guidance, it was found that a piece of equipment referred to in some residents' plans was not available as outlined. This equipment formed part of a contingency arrangement for safe evacuation.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

While the governance and managements arrangements were see to facilitate good quality and safe care for residents, there were some concerns with regard to the provider's knowledge and implementation of their responsibilities under the regulations. The provider made a decision to admit a resident to the centre on an emergency basis where there was no vacancy. The provider carried out this admission outside of the terms of their statement of purpose. This constituted as a breach of the centre's registration conditions and resulted in the provider receiving a verbal warning, advising that failure to revert to operating within the conditions of registration may result in prosecution or a decision to cancel the registration of the centre. The provider made a commitment to come back into compliance with their conditions of registration.

The inspectors found that there was a clear governance structure in place, with stakeholders having defined roles and responsibilities. A new person in charge had recently been appointed to the centre, and they were supported by a clinical nurse manager. The provider had completed an annual review of the quality and safety of the service and unannounced visits to review the quality and safety of care on a six-monthly basis, as required by the regulations. A number of other audits and checks were completed on a regular basis, including health and safety, medication, finance and infection control audits. There was evidence that actions were taken to address issues identified in these audits and checks.

While it was demonstrated that the provider had effective oversight measures in place to ensure the safety and quality of the service was maintained, the inspectors were not assured that the provider demonstrated sound awareness of their legal obligations with regard to the centre's conditions of registration.

The inspector reviewed the circumstances of a recent admission to the centre and found that while the admission had occurred in line with the procedure for emergency admissions outlined in the provider's admission policy, it occurred outside of the terms of the centre's statement of purpose and in contravention of the centre's conditions of registration.

Following the provider receiving a verbal warning in relation this matter, the provider submitted assurances that they would revert to operating within the conditions of registration within a specific time frame. These assurances were accepted by the Chief Inspector of Social Services.

Residents each had a contract of care that outlined the terms on which they would reside in the centre. While these outlined the fees to be paid by residents, the inspectors found that further clarity was required with regard to the items that residents were responsible for purchasing at their own expense.

A review of staffing arrangements found that there were sufficient staff available, with the required skills and experience to meet the assessed needs of residents. Nursing care was available to residents in accordance with the statement of purpose. There were planned and actual maintained rosters that accurately reflected the staffing arrangements in the centre. Staffing arrangements were observed to promote continuity of care.

The provider had ensured staff had access to training and development opportunities in order to carry out their roles effectively. Training was made available in areas specific to residents' assessed needs. There were established supervision arrangements in place for staff that facilitated professional development and accountability.

While the statement of purpose contained the information required by Schedule 1 of the regulations, some of this information was found to be inaccurate. The provider had amended the statement of purpose prior to the inspection; a review of this document found it was not reflective of the service to be provided and required further amendment.

Regulation 15: Staffing

The centre had sufficient numbers of suitably qualified and experienced staff members to meet the assessed needs of residents. There was a planned and actual roster, and arrangements in place to cover staff leave whilst ensuring continuity of care.

Judgment: Compliant

Regulation 16: Training and staff development

Staff received training in areas determined by the provider to be mandatory, such as safeguarding, fire safety and first aid. Refresher training was available as required and staff had received training in additional areas specific to residents' assessed needs.

There were formalised supervision arrangements in place, with the person in charge providing supervision to the staff team on a quarterly basis.

Judgment: Compliant

Regulation 23: Governance and management

The provider had not ensured that the centre delivered care and support in accordance with the statement of purpose. The provider did not demonstrate that they had the capacity and capability to operate the centre in full compliance with the regulations, and in compliance with the responsibilities imposed upon them under the Health Act 2007 (as amended).

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

The provider had not ensured that applications for admission to the centre were carried out in accordance with the statement of purpose.

While there were contracts of care in place for each resident that outlined the fees to be paid, some charges related to household items were not explicitly outlined in these contracts. For example, one resident was observed to have spent a significant sum on towels. The contracts in place did not adequately outline if these basic household commodities were included in residents' accommodation charges.

Judgment: Not compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place that was reviewed and updated on a regular basis. While the statement of purpose contained the information required by Schedule 1 of the regulations, some of this information was found to be inaccurate.

Judgment: Substantially compliant

Quality and safety

The governance and management arrangements were found to facilitate high quality and person centred care and support. There were effective systems in place to monitor the quality and safety of the service received by residents. While there was some action required in relation to personal evacuation plans, the inspectors found that residents' health and safety was promoted, and that residents were kept safe.

Residents' needs were assessed on at least an annual basis, and reviewed in line with changing needs and circumstances. There were personal plans in place for any identified needs. Personal plans were reviewed at planned intervals for effectiveness.

Residents' health care needs were well assessed, and appropriate healthcare was made available to each resident. Residents had access to a general practitioner and a wide range of allied health care services. The inspectors reviewed residents' health care support plans and found that these provided clear guidance and were informed by an appropriately qualified health care professional.

The safeguarding arrangements in the centre were found to be effective in protecting residents from the risk of harm or abuse. Staff had received training in safeguarding vulnerable adults. There were clear lines of reporting, and any potential safeguarding incidents were investigated and escalated appropriately.

The inspector reviewed the arrangements in place to support residents' positive behaviour support needs. The person in charge was found to be promoting a restraint free environment, and while there were a number of restrictive practices in place, such as door locks, these were used as a measure of last resort and for the shortest duration of time. Any restrictive intervention had been assessed to ensure its use was in line with best practice.

The provider had adopted a range of infection prevention and control procedures to protect residents from the risk of acquiring a healthcare associated infection. The inspector found that the provider facilitated clear communication with residents, their families and visitors to promote and enable safe infection prevention and control practices. Sufficient facilities for hand hygiene were observed and staff had received training in good hand hygiene practice.

The provider had ensured that there were fire safety measures in place, including a fire detection and alarm system, fire fighting equipment and containment measures. The provider had carried out enhancement works in relation to fire containment as per their fire safety risk report. There were personal evacuation plans in place for all residents; however, the inspector found that the arrangements for evacuating some residents (as outlined in personal evacuation plans) were not known by all staff, and that some equipment documented as required for the safe evacuation of residents was not available as described. There were regular fire drills carried out.

Regulation 27: Protection against infection

There were suitable procedures in place for the prevention and control of infection which were in line with national guidance for the management of COVID-19. A cleaning schedule was in place and the centre appeared clean and tidy. A COVID-19 contingency plan was in place which was regularly updated in line with national guidance.

The provider had completed infection prevention and control audits that monitored the implementation of national guidance. Residents had been supported to receive the COVID-19 vaccine in accordance with their wishes.

Judgment: Compliant

Regulation 28: Fire precautions

While there were evacuation plans in place for all residents, it was found that the specific evacuation arrangements for a number of residents were not known to all staff, and that the equipment required for the safe evacuation of some residents was not available as outlined in the evacuation plans.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

There was a comprehensive assessment of need in place for each resident, which identified their healthcare, personal and social care needs. These assessments were used to inform detailed plans of care, and there were arrangements in place to carry out reviews of effectiveness.

Judgment: Compliant

Regulation 6: Health care

There was an assessment of need carried out for all residents on at least an annual basis, and this assessment identified the ongoing and emerging health care needs of residents. Individual health plans, health promotion and dietary assessments and plans were in place. There was evidence that the residents had regular visits to a general practitioner (GP) and had access to allied health professionals in accordance with their assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Supports were in place to respond to residents' assessed behaviour support needs. Restrictive practices were logged and regularly reviewed and it was evident that efforts were being made to reduce some restrictions to ensure the least restrictive options were used for the shortest duration. Where residents presented with behaviour that challenges, the provider had arrangements in place to ensure these residents were supported and received regular review.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to protect residents from being harmed or suffering from abuse. Intimate and personal care plans in place provided a good level of detail to support staff in meeting the resident's intimate care needs. Staff had received training in safeguarding adults. Any potential safeguarding incidents had been appropriately investigated and managed.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

| Regulation Title | Judgment |
|--|-------------------------|
| Capacity and capability | |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Not compliant |
| Regulation 24: Admissions and contract for the provision of services | Not compliant |
| Regulation 3: Statement of purpose | Substantially compliant |
| Quality and safety | |
| Regulation 27: Protection against infection | Compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |

Compliance Plan for Glencorry OSV-0002383

Inspection ID: MON-0032362

Date of inspection: 05/05/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

| Regulation Heading | Judgment |
|--|---------------|
| Regulation 23: Governance and management | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The Provider will ensure that the Designated Centre can deliver care and support in accordance with the agreed Conditions of Registration and in adherence to the Statement of Purpose. As of the 25th of May through the completion of the discharge process, the Provider has now come into compliance with the conditions of registration for the Designated Centre and is fully aware of the responsibilities imposed upon them under the Health Act 2007. | |
| Regulation 24: Admissions and contract for the provision of services | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <ul style="list-style-type: none"> • The provider will ensure that all future admissions within the centre are carried out in accordance with the statement of purpose. • The PIC will ensure that expenditures are clearly outlined within the contract of care for commodities outside of basic household commodities and are to be included within the contracts of care for each resident | |

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| Regulation 3: Statement of purpose | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <ul style="list-style-type: none"> • The statement of purpose has been updated to reflect the changes of residents. Discharge of resident occurred on the 25th of May 2021 ensuring that the provider was in compliance with Regulation 3 | |
| Regulation 28: Fire precautions | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • The residents who can not evacuate by using a walking aid, have ski sheet or ski slide in place or available to them. None of the residents use fire evacuation chair. Information corrected within the factual inaccuracy sheet. | |

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
|---------------------|---|-----------------|--------------------|---------------------------------|
| Regulation 23(1)(c) | The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. | Not Compliant | Orange | 15/06/2021 |
| Regulation 23(3)(a) | The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they | Not Compliant | Orange | 15/06/2021 |

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| | are delivering. | | | |
| Regulation 24(1)(a) | The registered provider shall ensure that each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose. | Not Compliant | Orange | 15/06/2021 |
| Regulation 28(3)(d) | The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations. | Substantially Compliant | Yellow | 15/06/2021 |
| Regulation 03(1) | The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1. | Substantially Compliant | Yellow | 15/06/2021 |